

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2397

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

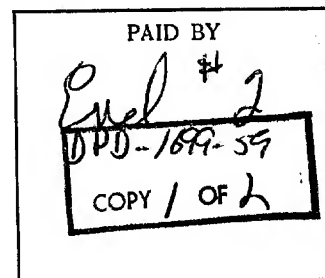
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)



No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$604.	77
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		\$604.	77

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 3-2-59

*Payee

(Signed when a like certificate is made by payee on attached bill or bills)

Per _____

Title _____

Amount verified; correct for _____
(Signature or initials) EL

\$604 77

Contract No. _____

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check, or the name of the person who is the authorized signatory, must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

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STATOTHR

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FORM STL - 660

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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Class	Element	CODE	Mej.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order	
03 07	02	02	99	28587 1044	3840 5201		02 02	04 04	181 209				1	50 25	00 00	00 00	12501	3032	32		2000 9	
																		12501	3032	32		1140 *
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